

OR

The amount of wages to be attached would place my net income below the poverty income guidelines as provided annually by the Federal Department of Health and Human Services.

I have _____ dependents.
(Number)

My net monthly income is \$ _____

(Net monthly income is your total monthly wages less (1) any support payments made to the court, (2) federal, state and local income taxes, (3) F.I.C.A. payments and non-voluntary retirement payments, (4) union dues and (5) health insurance premiums.)

I certify that the statements made in this Claim for Exemption are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Date: _____
_____ Defendant

This claim shall be delivered or mailed to
Lehigh County Clerk of Judicial Records – Civil Division
455 W Hamilton Street
Allentown PA 18101-1614
(610) 782-3148